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June 2014

4.423:01 Request for Discretionary Leave

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REQUEST FOR DISCRETIONARY LEAVE

Antioch University recognizes that while it provides substantial paid and unpaid leave benefits for various reasons, those benefits may not always be sufficient to meet the needs of all employees in all circumstances. Discretionary leave is entirely discretionary with the university and, when granted may be used for reasons that are not covered by another leave policy at AU.

Before completing this form, please read Antioch University's Discretionary Leave Policy # 4.423 under Human Resources Policies in Antioch University's Repository and Archive (AURA) http://aura.antioch.edu/policies_400_4x/19/

NOTE: Policy 4.423 does not apply to Employees in a recognized bargaining unit.

EMPLOYEE REQUESTING DISCRETIONARY LEAVE

Name:

Affiliation: Staff Faculty

Location: AU Los Angeles Midwest New England Santa Barbara Seattle

 PhDLc AEA

Department:

Home Address

City: State: Zip Code:

Daytime Phone: Evening Phone:

Personal (non-Antioch) Email Address:

DATES REQUESTED FOR DISCRETIONARY LEAVE

Start Date: End Date:

STATE THE REASON(S) YOU ARE REQUESTING DISCRETIONARY LEAVE

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REQUEST IS TRUE AND ACCURATE

Employee Signature: _____

Date Signed:

APPROVAL PROCESS. MAIL, E-MAIL OR DROP OFF THIS COMPLETED REQUEST TO YOUR SUPERVISOR OR UNIT HEAD

NOTE: Requests for 15 workdays or less of unpaid leave requires TEN (10) days prior approval by employee's Supervisor and Unit Head, or the Chancellor as appropriate. Requests for 16 workdays or more requires THIRTY (30) days prior approval by the employee's supervisor and unit head, the Campus President or Regional CFO, or the Chancellor or Vice Chancellor/CFO for Central Administration employees.

Date Request for Discretionary Leave received:

Name of Supervisor or Unit Head receiving request:

Title of person receiving request:

Signature of person receiving request:_____

Date Approved by Supervisor:

Supervisor Signature:_____

Date Approved by Unit Head:

Unit Head Signature :_____

Date Approved by Campus President:

Campus President Signature:_____

Date Approved by Chancellor:

Chancellor Signature:_____

WHEN APPROVAL PROCESS IS COMPLETED, PROVIDE EMPLOYEE and HR DIRECTOR WITH A COPY OF THIS FULLY EXECUTED FORM.

Date Copy of Fully Executed form Sent to Employee and HR Director: